

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

101070833

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1						51							
2		1					52							
3							53							
4		1					54							
5							55							
6		5		1			56							
7	1						57							
8		1					58							
9		2		1			59							
10							60							
11				1			61							
12				1			62							
13				1			63							
14				1			64							
15							65							
16							66							
17							67							
18							68							
19							69							
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39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.			2				TOTAL IND.							
TOTAL DEP.				12			TOTAL DEP.							
TOTAL CLAIMS			14				TOTAL CLAIMS							